

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02919

MARGIN RESERVED FOR BINDING

M Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

V. S. No. 1.

C WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

County Prince Georges

Village or City Accokeek (No.)

101-10

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 234

2 FULL NAME

John B. Baden

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male White

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH

May 5, 1884

(Month) (Day) (Year)

7 AGE

yrs. 10 mos. 11 ds.

If LESS than
1 day..... hrs.
OR min. ?

8 OCCUPATION

(a) Trade, profession, or
particular kind of work.(b) General nature of industry
business, or establishment in
which employed (or employer)9 BIRTHPLACE
(State or country)

Accokeek, Md.

10 NAME OF
FATHER

Clinton Baden

11 BIRTHPLACE
OF FATHER
(State or country)

Md.

12 MAIDEN NAME
OF MOTHER

Mary Ruth Brounwell

13 BIRTHPLACE
OF MOTHER
(State or country)

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Clinton Baden

(Address)

Accokeek, Md.

15

Filed March 18, 1934 Rena Wurtz

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 16, 1934

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from
March 14, 1934, to March 16, 1934,
that I last saw him alive on March 16, 1934,
and that death occurred on the date stated above, at 12:30 m.

The CAUSE OF DEATH * was as follows:

No other cause no further information, cause
Bronchitis Pneumonia Oct. 24, 1934

Contributory Bronchitis Pneumonia (Duration) yrs. Rel. 2 days

(Signed) G. O. Monroe (Address) March 17, 1934, Accokeek, Md. (Duration) yrs. Rel. 2 days

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. da. In the State, yrs. mos. da.

Where was disease contracted,
if not at place of death?

Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL

Piscataway

DATE OF BURIAL
Mar 18, 1934

20 UNDERTAKER

Hundt & Ryan

ADDRESS
Valley of Md.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*. (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*. *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meningitis*,

ges, *peritonitum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; *Measles*, *Whooping cough*, *Chronic valvular heart disease*, *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Cogenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02920

1. PLACE OF DEATH

County Pro. George

Village or City Hyattsville Md.

Length of residence in city or town where death occurred yrs.

No. 92-a Registration Dist. No. 245 Ward
 If death occurred in a hospital or institution, give its NAME instead of street and number)

Mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Lucy Beverly

(a) Residence: No.

Seat Pleasant Md., St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|--------|------------------|---|
| Female | Colored | Widowed |

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

Horace Beverly

6. DATE OF BIRTH (month, day, and year)

Unknown 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|--------|----------|--------|------|--|
| At | 69 years | | | |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Housewife
 11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town)
 (State or country)

Maryland

MOTHER

FATHER

13. NAME Holland ?

Unknown

14. BIRTHPLACE (city or town)
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
 (State or country)17. INFORMANT Frances C. Queen
 (Address) Hyattsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Ridgeley Chapel M.D. Date Mar 14, 1934

19. UNDERTAKER Francis Gasch's Sons
 (Address) Hyattsville Md.20. FILED March 14, 1934 Mrs. Jas. Severe
 (Signature) Registr. A. A. Bennett M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 10th (Month) 1934 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1934 to Mar 4 1934; death is said

to have occurred on the date stated above, at 8 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart disease
 Atrial Dilatation & Leaky Valves.

Data of onset

Other Contributory Causes of importance:

Dyspepsia, Cardiac.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Data of Injury 1934

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. A. Bennett M. D.
 (Address) A. A. Bennett M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| RECEIVED | |
| Other contributory causes of importance: | |
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02921

1. PLACE OF DEATH

County *P. Boro*Village or City *E. Newdale*

Length of residence in city or town where death occurred yrs.

mos. No. (If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Harry Brooks Boteler.

(a) Residence: No.

Larkham, Ma

St. Ward.

Registration Dist. No.

245

St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*M.**wh.**Divorced*

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Edith Blythe*

6. DATE OF BIRTH (month, day, and year)

May 9, 1872

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

*Baltimore**Ma*

MOTHER FATHER

13. NAME

Edwards Boteler

14. BIRTHPLACE (city or town)

Baltimore

(State or country)

Ma

15. MAIDEN NAME

Mary Brooks,

16. BIRTHPLACE (city or town)

Baltimore

(State or country)

Ma

17. INFORMANT

Mrs. Newfeld Teller

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Gardham md Mar 21, 1934

Date

19. UNDERTAKER

F. Gasch's Sons'

(Address)

20. FILED

March 21, 1934 Mrs. J. D. Severe

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*March 19**1934*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from
*March 15, 1934 to March 19, 1934*I last saw h. alive on *March 19, 1934*; death is said
to have occurred on the date stated above, at *2 A.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pneumonia; bronchitis
Duration: over a week. Cause:
Cerebral Hemorrhage Date: *Mar 19, 1934*

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Masterpiece* (Address) *Ridge Dale, Ma* M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

02922

1. PLACE OF DEATH

County

Prince Geo. Co.

(46)

Registration Dist. No.

239

Village or City

Maurifield Md.

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Thomas E. Beavers

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male colored married.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 14, 1883

7. AGE

51 years

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

31 14

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on 31 14, 1934, to 31 14, 1934, death is said

to have occurred on the date stated above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carbons of Stomach
Inflammation of Liver
Sclerosis

Data on next

171

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. B. Ferguson (Address) L. C. White M. D.

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Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02923

1. PLACE OF DEATH

County Prince George

Village or City Bladensburg

Length of residence in city or town where death occurred yrs.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John S. T. Briscoe

(a) Residence: No. Bladensburg Md

St. Ward.

Registration Dist. No. 2 31

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|--------------------------|---|
| 3. SEX Male | 4. COLOR OR RACE Colored | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married |
|-------------|--------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Nevolia Briscoe

6. DATE OF BIRTH (month, day, and year) Feb. 26, 1881

| | | | |
|-----------------|----------|--------|--|
| 7. AGE Years 53 | Months 1 | Days 2 | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|----------|--------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, CAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12/33

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) Md. (State or country)

13. NAME Eli Briscoe

14. BIRTHPLACE (city or town) Md. (State or country)

15. MATURE NAME Martha Russell

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Nevolia Briscoe
(Address) Bladensburg, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Bladensburg Date 4/1 1934

19. UNDERTAKER Francis Gasch's Sons
(Address) Hyattsville, Md20. FILED May 31, 1934. Helen Slack
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 1, 1934

(Month) (Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from March 1, 1934, to March 25, 1934.

I last saw him alive on March 21, 1934, death is said to have occurred on the date stated above, at 6 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other Contributory Causes of importance:

Chronic endocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. K. (Address) Hyattsville, Md. M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

T

If more blanks are needed, address State Registrar, 2422 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02924

1. PLACE OF DEATH

County Prince GeorgeRegistration Dist. No. 238Village or City Silver Hill, Md. Post Office Anacostia D.C. R#4

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Thomas Butler(a) Residence: No. Anacostia D.C. R#4 St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|---------------------------------|---|
| 3. SEX <u>Male</u> | 4. COLOR OR RACE <u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>married</u> |
|--------------------|---------------------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Maggie Lena

| | | | | |
|---|------------------------|--------|------|--|
| 6. DATE OF BIRTH (month, day, and year) <u>Unknown/1883</u> | 7. AGE Years <u>51</u> | Months | Days | If LESS than 1 day, _____ hrs. or _____ min. |
|---|------------------------|--------|------|--|

| | |
|---|--|
| OCCUPATION <u>70 C 9</u> | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u> |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>C. W. A</u> | 10. Date deceased last worked at this occupation (month and year) <u>March 1934</u> |
| 11. Total time (years) spent in this occupation <u>life</u> | |

12. BIRTHPLACE (city or town)
(State or country) Unknown

13. NAME Unknown
FATHER

14. BIRTHPLACE (city or town)
(State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Thomas Alvin Proctor
(Address) 2619 Bowen Rd Anacostia D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Oxon Hill, Md. Date 3/26/34

19. UNDERTAKER Adams & Bryant
(Address) 2425 Nichols Ave. of. S. 106

20. FILED 3/24/34 Death Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 23, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1934, to March 23, 1934.
I last saw him alive on March 23, 1934; death is said to have occurred on the date stated above, at 4:25 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Influenza and bronchopneumonia Date of onset 3/20/34

Other Contributory Causes of importance:

Acute cardiac decompensation Date 3/23/34

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury none

Nature of Injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify none

(Signed) Stanley C. Van Watta M. D.

(Address) Baltimore, Md. R#1 Box 555

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|---------------|
| Arteriosclerosis | Date of onset |
| Chronic interstitial nephritis | 1915 |
| RECEIVED | 1921 |

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance: S.

| | | |
|------------|--|---------------|
| Gallstones | Other contributory causes of importance: | Date of onset |
| | Gastroenteritis | 1 year |

Other contributory causes of importance:

S.

Gastroenteritis

Date of onset

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02925

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Village or City

Prince George
Collage City End

932

Registration Dist. No.

246

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds.

How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME

Eulalia Clark

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than
75 1 12 1 day, . hrs.
or . min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)11. Total time (years)
spent in this occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Wileyville* Date *March 5, 1934*19. UNDERTAKER *F. Gandy Son*
(Address) *Wileyville*20. FILED *Mar 6, 1934* *Hanover M. d.*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 2
(Month)1934
(Year)22. I HEREBY CERTIFY, That I attended deceased from
3/2, 1934, to *3/2*, 1934; death is saidI last saw her alive on *3/2*, 1934; death is said
to have occurred on the date stated above, at *2:15 a.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Chronic Myocarditis +
Cough Cold
Duration not stated.*

Date of onset

2/15

Other Contributory Causes of importance:

*Heart failure*Name of operation *o* Date ofWhat test confirmed diagnosis? *o* Was there an autopsy? *No.*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *New Carrollton* M. D.
(Address) *3100-20-78*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

| BUREAU V. S. | |
|--|--|
| Other contributory causes of importance: | |

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset |
|------------------------|
| Attack of epilepsy |
| Run over by street car |
| Peritonitis |

| | |
|--|--------|
| Other contributory causes of importance: | |
| Gastroenteritis | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince Georges -
Village or City Takoma Park

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 309 Elm Ave

(Usual place of abode)

46

Registration Dist. No. 223No. 309 Elm Ave - St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---------------|------------------|--|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| <u>Female</u> | <u>white</u> | |

5e. If married, widowed, or divorced
HUSBAND of
(or) WIFE of William Couper

| | |
|---|-----------------------------|
| 6. DATE OF BIRTH (month, day, end year) | July 25, 1861 |
| 7. AGE | Years Months Days |
| 72 | 8 17 |

If LESS than
1 day, _____ hrs.
or _____ min.

| | |
|---|--|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| <u>No employment</u> | |
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |

12. BIRTHPLACE (city or town)
(State or country) Lisburn Ireland - County Down13. NAME William Couper - Aberdeen Scotland14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME May Armstrong16. BIRTHPLACE (city or town)
(State or country) Lisburn Ireland17. INFORMANT William Couper -
(Address) 309 Elm Ave18. BURIAL, CREMATION, OR REMOVAL
Place Ft Lincoln Date Mar. 16, 193419. UNDERTAKER W. W. Chambers Co
(Address) 1700 Chapin St N.W.20. FILED March 14, 1934 A. H. Rogers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 14th, 1934
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from June 30, 1932 to March 14, 1934.
I last saw him alive on Mar. 13, 1934, death is said to have occurred on the date stated above, et al. 8:35 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of intestines
mass occluded passage Date of onsetOther Contributory Causes of importance:
General toxemia due
to absorption of poisons
retention

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Laurella E Kress M. D.(Signed) Laurella E Kress M. D.(Address) 705 Carroll Ave. Takoma Park Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02927

1. PLACE OF DEATH

County *Pearce Georges*

82

Registration Dist. No.

2445

Ward

Village or City *Brentwood*No. *Cedar Craft Inn*

Length of residence in city or town where death occurred 1 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 17 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Lewis T Cowie Wash. D.C.*(a) Residence: No. *Burlington Hotel* (Usual place of abode)

St. Ward.

Wash. D.C.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

*M.*4. COLOR OR RACE *W.*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

July 12, 1854

7. AGE

79 80

Years

Months

7

Days

*14*If LESS than
1 day,
hrs.
or
min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation*Lawyer*

12. BIRTHPLACE (city or town)

(State or country) *Ohio*

MOTHER FATHER

13. NAME *George Cowie*

MOTHER FATHER

14. BIRTHPLACE (city or town)
(State or country) *Scotland*

MOTHER FATHER

15. MAIDEN NAME *Margaret Duffus,*

MOTHER FATHER

16. BIRTHPLACE (city or town)
(State or country) *Scotland*

MOTHER FATHER

17. INFDRMT *Admiral Thomas J. Cowie*
(Address) *Burlington Hotel*

MOTHER FATHER

18. BURIAL, CREMATION, OR REMOVAL

Place *Oak Hill, Wash. D.C.* Date *March 31, 1934*

MOTHER FATHER

19. UNDERTAKER

(Address) *Martin W. Nyson Co
1300 N St. N.W.*

MOTHER FATHER

20. FILED

(Address) *Mar 29, 1934 Mrs. as Devere
Registrars*

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed) *Richard B. Thibadeau* M. D.(Address) *2012 R. St. N.W. Wash. D.C.*

21. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar. 29, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Mar. 12, 1934, to Mar. 29, 1934

I last saw him alive on Mar. 28, 1934; death is said to have occurred on the date stated above, at 12:00 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Thrombosis

Date of onset

Other Contributory Causes of Importance:

*Limulite
Cerebral Ateriosclerosis.*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *Yes*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBLIC PLACE

Manner of Injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

Date of onset

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

Date of onset

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince GeorgesVillage or City Suntland

Length of residence in city or town where death occurred yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

124-2

Registration Dist. No. 235St. Ward

2. FULL NAME

Samuel E. Cox(a) Residence: No. Suntland, Md.St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male. White Widowed

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMary A. Bromley

6. DATE OF BIRTH (month, day, and year)

2-21-1848

7. AGE

Years 86Months 1Days 8If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupationJustice of Peace.12. BIRTHPLACE (city or town)
(State or country)England.

MOTHER FATHER

13. NAME

Samuel. Cox14. BIRTHPLACE (city or town)
(State or country)England.

15. MAIDEN NAME

Emma Wilson16. BIRTHPLACE (city or town)
(State or country)Unknown

17. INFORMANT

(Address) 1311- Potowmack Ave. S.E.

18. BURIAL, Cremation, or Removal

Place Cedar Hill Md. Date 3-31-34

19. UNDERTAKER

(Address) Thomas F. Murray Son

20. FILED

(Address) 3-30-1934 L. J. Minier

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

02928

21. DATE OF DEATH

March, 29th

(Month)

1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 14, 1934, to March 29, 1934I last saw him alive on March 27, 1934; death is said
to have occurred on the date stated above, at 9:20 A.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:A strokue cirrhosis

Date of onset

1931

Boston

Other Contributory Causes of Importance:

Acute ischemia with
tore my cardis

March 16

1934

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

M. D.

Desmond St. D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|------------|
| Arteriosclerosis | RECEIVED |
| Chronic interstitial nephritis | |
| Cerebral hemorrhage | APR 5 1934 |

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02929

1. PLACE OF DEATH

County Puince George

(23)

Registration Dist. No. 231Village or City Bladens burg Md

St.

Ward

Length of residence in city or town where death occurred

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Catherine Savage

(a) Residence: No.

St.

Ward.

Bladens burg Md
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofArthur Savage6. DATE OF BIRTH (month, day, and year) Dec. 3, 18997. AGE 34 Years 3 Months 7 Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) at home

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Md13. NAME Isaac Brown14. BIRTHPLACE (city or town)
(State or country) Md15. MARIEN NAME Jane Lee16. BIRTHPLACE (city or town)
(State or country) Md17. INFORMANT Isaac Brown
(Address) Bladensburg Md

18. BURIAL, CREMATION OR REMOVAL

Place Ent olivet, DC Date March 14, 193419. UNDERTAKER Z. Gasch's Sons
(Address) Hagerstown Md20. FILED Mar 12th, 1934 Helen Stack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 11

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

March 8, 1934 to March 11, 1934I last saw her alive on March 8, 1934; death is said to have occurred on the date stated above, at 8:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pul. Th

Date of onset

1934

Other Contributory Causes of Importance:

Name of operation ✓ Date of _____What test confirmed diagnosis? ✓ Was there an autopsy No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) James H. Hargan M. D.(Address) Hagerstown Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--------------|---------------|
| Arteriosclerosis | | 1915 |
| Chronic interstitial nephritis | | 1921 |
| Cerebral hemorrhage | July 5, 1927 | |

Example II

| The principal cause of death and related causes of importance were as follows: | | Date of onset |
|--|--|---------------|
| Attack of epilepsy | | 1 week ago |
| Run over by street car | | 1 week ago |
| Peritonitis | | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02930

1. PLACE OF DEATH

County Prince Georges Co. Registration Dist. No. 230
 Village or City Lakeland, Md. # P.O. Bearwyn, Md. St., Ward
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Matilda Day

(a) Residence: No. Lakeland Drd St., Ward.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---------------------------|---|
| 3. SEX <u>F</u> | 4. COLOR OR RACE <u>C</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single (Infant)</u> |
| 5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____ | | |
| 6. DATE OF BIRTH (month, day, and year) <u>March 25, 1934</u> | | |
| 7. AGE Years <u>0</u> | Months <u>0</u> | Days <u>0</u> If LESS than 1 day, <u>0</u> hrs. or <u>00</u> min. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>/</u> | | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>/</u> | | |
| 10. Date deceased last worked at this occupation (month and year) <u>/</u> | | |
| 11. Total time (years) spent in this occupation <u>/</u> | | |

12. BIRTHPLACE (city or town)
(State or country) Lakeland, Md.

13. NAME Ralph Joseph Day
MOTHER FATHER Bladensburg, Md.

14. BIRTHPLACE (city or town)
(State or country) Bladensburg, Md.

15. MAIDEN NAME Mary Matilda Halls

16. BIRTHPLACE (city or town)
(State or country) Lakeland, Md.

17. INFORMANT Mary Matilda Day
(Address) P.O. Bearwyn, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bladensburg, Date March 26, 1934

19. UNDERTAKER Ralph Day
(Address)

20. FILED March 26, 1934 John Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 25

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from 3/25/34, 1934, to 3/25/34, 1934

I last saw her alive on March 25, 1934; death is said to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemorrhage of Cervix
Asphyxia
previous to birth

Date of onset

?

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) William W. Spiller M.D.
(Address) Brentwood, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02931

1. PLACE OF DEATH

County PRINCE GEORGE (51)

Village or City HYATTSVILLE

Length of residence in city or town where death occurred 24 yrs. 11 mos.

No. COLESVILLE ROAD

Registration Dist. No. 245

St. 4 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U.S. if of foreign birth? 61 yrs. 6 mos. 30 ds.

2. FULL NAME John Robert ENGLAND

(a) Residence: No. COLESVILLE ROAD St. Ward. 4

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------------|---|
| 3. SEX MALE | 4. COLOR OR RACE WHITE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED |
|-------------|------------------------|---|

5a. If married, widowed, or divorced
HUSBAND OF
~~Wife of~~

ISABELLA J. ENGLAND

6. DATE OF BIRTH (month, day, end year)

SEPT. 15, 1873

| | | | |
|-----------------|----------|---------|--|
| 7. AGE Years 61 | Months 6 | Days 30 | If LESS than 1 day, _____ hrs. or _____ min. |
|-----------------|----------|---------|--|

| | |
|--|--|
| OCCUPATION 9/8/93 | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. MACHINIST |
| Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | NAVY YARD |
| 10. Date deceased last worked at this occupation (month and year) 1920 | 11. Total time (years) spent in this occupation 21 |

12. BIRTHPLACE (city or town)
(State or country) BALTO. CO.

| | |
|---------------|---|
| MOTHER FATHER | 13. NAME JAMES ENGLAND |
| | 14. BIRTHPLACE (city or town) HARFORD COUNTY (State or country) MARYLAND |

| | |
|--------|--|
| MOTHER | 15. MAIDEN NAME HANNAH R. HOLLAND |
| | 16. BIRTHPLACE (city or town) HARFORD COUNTY (State or country) MD. |

17. INFORMANT GEO. A. ENGLAND
(Address) HYATTSVILLE, MD.18. BURIAL, CREMATION, OR REMOVAL DRUIT Ridge
Place BALTIMORE CEMETERY 4-2, 1934

19. UNDERTAKER F. CASCH'S Sons

(Address) HYATTSVILLE MD

20. FILED Mar 31, 1934 Mrs. Jas. Sene

Registr. Serene

Defunct

Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar

(Month)

30

(Day)

1934

(Year)

22. I HEREBY CERTIFY, That I attended deceased from
Apr 10, 1933, to Mar 30, 1934I last saw him alive on Mar 30, 1934; death is said
to have occurred on the date stated above, at 5 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Cerebral tumor
metastasis from
carcinoma of bladder

Other Contributory Causes of importance:

None

Name of operation none Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur?

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) George Latimer M. D.

(Address) Hyattsville MD

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02932

1. PLACE OF DEATH

County

Prince George
Hyattsville Md

(131)

Registration Dist. No.

2045

Village or City

No. Vance Hart House St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 5 mos. 7 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 25-23-14 (b) Usual abode Wash D.C.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------|------------------|---|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| female | white | MARRIED |

5e. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRichard Fuge

6. DATE OF BIRTH (month, day, and year)

Dec. 15, 1865

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or... min. |
|--------|-------|--------|------|--|
| 68 | 2 | | 23 | |

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
| X | |

| | |
|--|---|
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. | 11. Total time (years) spent in this occupation |
| X | |

| | |
|---|---|
| 10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation |
| X | |

| | |
|---|-------------|
| 12. BIRTHPLACE (city or town) (State or country) | Wash. D. C. |
|---|-------------|

| | |
|---|---------------|
| 13. NAME | John McCarthy |
| 14. BIRTHPLACE (city or town) (State or country) | Ireland |

| | |
|---|------------------|
| 15. MAIDEN NAME | Margaret Crowley |
| 16. BIRTHPLACE (city or town) (State or country) | Ireland |

| | |
|-----------------------------------|-------------|
| 17. INFORMANT (Address) | George Fuge |
| 18. BURIAL, CREMATION, OR REMOVAL | |

| | |
|-------|--------------|
| Place | Wash. D. C. |
| Date | Mar. 8, 1934 |

| | |
|-----------------------------|------------------------------|
| 19. UNDERTAKER (Address) | P. A. Tolson |
| 20. FILED | March 8, 1934 Major, General |

| | |
|-----------|-------------------|
| 20. FILED | W. H. Hart, M. D. |
| | (Address) |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March

8
(Month)
(Day)1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 1931 to Mar. 8, 1934; death is said to have occurred on the date stated above, at 5 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac decompensation

Date of onset
3-8-34

Other Contributory Causes of importance:

Arteriosclerosis
cardio vascular renal disease home 1925

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

(Address)

W. H. Hart, M. D.
2200 & 31st St. D. C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY—WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02933

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

(a) Residence: No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years)
spent in this occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER
(Address)

20. FILED

Place Date

Aguasco Md Apr 2 - 1934

A. J. Andrews

Aguasco Md Apr 1, 1934 Kleen Blower

Registrar.

131

Registration Dist. No. 237

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Price Susanna

Gibbons

Aguasco Md

(Usual place of abode)

St.

Ward.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Month Day Year

22. I HEREBY CERTIFY, That I attended deceased from April 1931 to March 26, 1934. I last saw him alive on March 26, 1934; death is said to have occurred on the date stated above, at 9 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

arterio sclerosis
chronic & interstitial nephritis

Date of onset

Other Contributory Causes of importance:

Weariness Convalescence

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. State out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02934

1. PLACE OF DEATH

County

Prince George

119

Registration Dist. No.

233

Village or City

Cheltenham

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb 3 - 1934

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

1 24

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Data deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

Westwood

(State or country)

MOTHER FATHER

13. NAME

Harry M. Goldsmith

14. BIRTHPLACE (city or town)

Hughesville

(State or country)

15. MAIDEN NAME

Alice May Ferguson

16. BIRTHPLACE (city or town)

Va

(State or country)

17. INFORMANT

Harry M. Goldsmith

(Address)

18. BURIAL, Cremation, or Removal

Emmanuel A. Date Mar 27, 1934

(Place)

19. UNDERTAKER

A. J. Grimes

(Address)

20. FILED

Mar 26, 1934 Ernest H. Garner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar

(Month)

26

(Day)

1934

22. I HEREBY CERTIFY, That I attended deceased from
Mar 31, 1934, to Mar 25, 1934I last saw him alive on Mar 25, 1934; death is said
to have occurred on the date stated above, at 10 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Acute Colitis
& Convulsions

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) William H. Gibbons M. D.
(Address) Croom, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED APR 4 1924

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Ran over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02935

1. PLACE OF DEATH

County Prince GeorgeVillage or City Colmar ManorRegistration Dist. No. 231

St.

Ward

No. 7 Wilson Ave.Length of residence in city or town where death occurred 3 yrs. 8 mos. ds. How long in U.S. if of foreign birth? ys. mos. ds.

2. FULL NAME

(a) Residence: No. Spencer A. Hawkins Jr.

Colmar Manor

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)single5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Month Days If LESS than
2 8 July 3 - 1931
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Md

13. NAME

Spencer A. Hawkins Jr.14. BIRTHPLACE (city or town)
(State or country)Md

15. MAIDEN NAME

Marie E. Rutherford16. BIRTHPLACE (city or town)
(State or country)Md

17. INFORMANT

(Address) Spencer A. Hawkins Jr.
7 Wilson Ave Colmar Manor Md

18. BURIAL, CREMATION, OR REMOVAL

Place Lauder Pk. Balti Date Mar 15 - 1934

19. UNDERTAKER

(Address) F. Fischer Sons
Baltimore Md20. FILED Mar 14, 1934 Helen Stark

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar
(Month)13
(Day), 1934
(Year)

22. I HEREBY CERTIFY That I attended deceased from

Mar 9th, 1934, to Mar 13, 1934I last saw him alive on Mar 13, 1934; death is said
to have occurred on the date stated above, at 4 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Mearles

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John J. Maloney M.D.(Address) Baltimore, Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|--------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| BUREAU OF | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02936

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Prince Georges

WITHIN CORPORATE LIMITS

Village or City Hyattsville Md.

(107)

Registration Dist. No.

245

Ward

No. 120 Carroll Ave St.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hayer

(a) Residence: No. 120 Carroll Ave St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widowed

5a. If married, widowed, or divorced

Husband
(or) Wife of

Frank G. Hayer

6. DATE OF BIRTH (month, day, and year)

Aug 31, 1860

7. AGE

Years 74

Months 73

Days 6

Days 11

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

?

15. MAIDEN NAME

Sarah Muller

16. BIRTHPLACE (city or town)
(State or country)

?

17. INFORMANT

(Address) Edmond J. Hayer
120 Carroll Ave Hyattsville

18. BURIAL, CREMATION, OR REMOVAL

Place Washington D. C. Date March 12, 1934

19. UNDERTAKER

(Address) W. W. Deal Inc
876 - 14 - 21. E.

20. FILED

March 19, 1934 Mrs. Tao Severe
Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 12
(Month) (Day), 1934
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 10, 1934, to March 10, 1934

I last saw her alive on March 10, 1934; death is said
to have occurred on the date stated above, at 7 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Bronchopneumonia

Date of onset

3/14

Other Contributory Causes of importance:

Sputum,

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

James H. Hayer, M. D.

(Address) 120 Carroll Ave, Hyattsville, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|------------|
| Arteriosclerosis | APR 6 1934 |
| Chronic interstitial nephritis | |
| Cerebral hemorrhage | V. S. |

Date of onset

1915

1931

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02937

1. PLACE OF DEATH

County *Prince George*
 WITHIN CORPORATE LIMITS OF
 Village or City *Laurel, Md.*

92-2

Registration Dist. No.

239

St. Ward

Length of residence in city or town where death occurred *48 yrs.*No.
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.2. FULL NAME *George Hebron*(a) Residence: No. *Laurel, Md.*
 (Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

*Colored*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE Years

Months

Days

If LESS than
1 day, hrs.
or min.*48 7 19**July 15, 1886*

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

July 15, 1934

11. Total time (years) spent in this occupation

*Laurel**in tailor shop*12. BIRTHPLACE (city or town)
(State or country)

13. NAME

*James Hebron**Md.*14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

*Saroly Brown**Alexandria, Va.*16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Murkirk Rd.*Data *Mar 8, 1934*

(Address)

19. UNDERTAKER

(Address)

20. FILED

(Address)

Date *Mar 7, 1934*

M. Brashears

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 6, 1934

(Month)

(Day)

1934

22. I HEREBY CERTIFY, That I attended deceased from

*March 4, 1934, to March 6, 1934*I last saw him alive on *March 6, 1934*; death is said to have occurred on the date stated above, at *10:30 A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Chronic Endocarditis*Date of onset
Unknown

Other Contributory Causes of Importance:

Name of operation *Plumal* Data of *1934*What test confirmed diagnosis? *Plumal* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *No* Data of Injury *1934*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Laurel, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

| | |
|---------------------|--------------|
| Cerebral hemorrhage | July 5, 1927 |
| | |

| Other contributory causes of importance: | | Other contributory causes of importance: | |
|--|-------------|--|--------|
| Gallstones | May 1, 1923 | Gastroenteritis | 1 year |
| | | | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--|
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02938

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Prince George

Village or City Bladensburg Md

Length of residence in city or town where death occurred

yrs.

159

Registration Dist. No. 231

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Not named Infant Richard & Helen (Tryson) Huber

(a) Residence: No. Bladensburg Md

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Child

5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

3 - 24 - 34

7. AGE Years Months Days If LESS than
49 Hours 1 day, hrs.
or min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.
10. Date deceased last worked at
this occupation (month and
year)II. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME Richard Tryson

14. BIRTHPLACE (city or town)
(State or country) Washington D.C.

15. MAIDEN NAME Helen Huber

16. BIRTHPLACE (city or town)
(State or country) Bladensburg Md

17. INFORMANT Annie Huber

18. BURIAL, CREMATION, OR REMOVAL
Place Bladensburg Date Mar 26, 1934

19. UNDERTAKER F. Garsalis Sons

Bladensburg Md

20. FILED Mar 26, 1934 Deleat Slack

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

3 - 24 - 1934
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from
on 3-24-34 to 1934, 19I last saw her alive on 3/24, 1934 death is said
to have occurred on the date stated above, at 5 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Influenza

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signature) _____ M. D.

(Address) _____

(Address) _____

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

T

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants, and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

BUREAU OF THE BUREAU OF THE

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

BUREAU OF THE BUREAU OF THE

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR RECORD
 WRITE PLAINLY, WITH PERMANENT INK--THIS IS A PERMANENT RECORD
 N.B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
 County Prince George's

Village or City Bethesda (No.)

2 FULL NAME August Leonard Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) MARRIED

6 DATE OF BIRTH Sept 15, 1859
 (Month) (Day) (Year)

7 AGE 74 yrs. 6 mos. 12 ds. If LESS than 1 day ... hrs. or ... min?

8 OCCUPATION
 (a) Trade, profession or particular kind of work
 (b) General nature of industry business, or establishment in which employed or (employer) Pitied Farmer

9 BIRTHPLACE Sweden
 (State or country)

10 NAME OF FATHER Johan Johnson
 11 BIRTHPLACE OF FATHER Sweden
 (State or country)

12 MAIDEN NAME OF MOTHER Sweden

13 BIRTHPLACE OF MOTHER Sweden
 (State or Country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W E Becker
 (Address) Bethesda Md

15 Filed Mar 28 1934 John D Smith
 Registrar

STATE OF MARYLAND
 CERTIFICATE OF DEATH

Registration Dist. No. 230

St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 27, 1934
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Jan 6, 1934, to Mar 27, 1934,
 that I last saw him alive on Mar 27, 1934,
 and that death occurred on the date stated above, at 10:30 A.M..
 The CAUSE OF DEATH * was as follows:

Cerebral Stroke

(Duration) yrs. ... mos. ... ds.

Contributory Secondary Hyperthyroidism

(Duration) yrs. ... mos. ... ds.

(Signed) W H Johnson M. D.
3/28 1934

(Address) Lancaster

*State the cause causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. ... mos. ... ds. In the State yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Washington D C DATE OF BURIAL 3/28, 1934

20 UNDERTAKER Thos J Segura ADDRESS 1011-7 st 3 w

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doy labore*, *Form labore*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Cervicoma, Sarcoma, etc.*, of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

02940

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL STATE or CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH
County Prince George's Co.

Village or City R. L. Jones (No. 1)

2 FULL NAME Joseph A. Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE Colored

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word) married

6 DATE OF BIRTH

Aug 5, 1879
(Month) (Day) (Year)

7 AGE

54 yrs. 7 mos. 25 days or min.?

IF LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer)

Poster

(Store)

9 BIRTHPLACE
(State or country)

Wash, D.C.

10 NAME OF
FATHER

Lloyd Jones

11 BIRTHPLACE
OF FATHER
(State or country)

Maryland

12 MAIDEN NAME
OF MOTHER

Henretta Neuder

13 BIRTHPLACE
OF MOTHER
(State or Country)

Wash, D.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Rosa Jones

(Address)

River Road, Laurel, Md.

15 Filed

March 30, 1924 Grace alone
deposited

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 242

St. _____ Ward) (if death occurred in
a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 30, 1924

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Jan 30, 1924, to Mar 15, 1924,
that I last saw him alive on Mar 15, 1924,

and that death occurred on the date stated above, at 12:30 m.

The CAUSE OF DEATH * was as follows:

Hypertension - arterio-sclerotic

Unknown (Duration) yrs. mos. ds.

Contributory
Secondary

Cardio - nephritis

Unknown (Duration) yrs. mos. ds.

(Signed) Oscar Lew Williams M.D.

3-30-34 (Address) 4629 Dean Ave No

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,
if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Washington D.C. DATE OF BURIAL 4-30, 1934

20 UNDERTAKER Alex S. B. & Son

ADDRESS 315-15-818

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housesleepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Honeservant*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE, using DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonacum, etc.*, *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*, *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbonic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis tetanus*) may be stated under the head of "contributory". (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



STATE OF MARYLAND—CERTIFICATE OF DEATH

02941

1. PLACE OF DEATH

County *Prince George's*Village or City *Ritchie*

102

Registration Dist. No. *232*St. *Ward*Length of residence in city or town where death occurred *years*mos. *ds.* How long in U.S. If of foreign birth? *years* mos. *ds.*2. FULL NAME *Ruth Elizabeth Myles*(a) Residence: No. *Ritchie*St. *Ward*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

Female *Colored*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Single*6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.*2**18**none*8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

MOTHER

FATHER

13. NAME *Mary Elizabeth Myles*14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME *Elizabeth Smith*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *Elizabeth Smith*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Buried* Date *March 21, 1934*

19. UNDERTAKER

(Address)

20. FILED *March 21, 1934* *By* *James S. Joseph*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 20, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

never, 19, to, 19

I last saw her alive on Mar 20, 1934, death is said
to have occurred on the date stated above, at 9:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Bronchopneumonia*

Date of onset

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur? _____

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, IN HOME, or PUBLIC PLACE

Henry J Anderson
(Signature) *J. P. J.*
Manner of Injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify _____

(Signed) *James S. Joseph* M. D.
(Address) *Trust Building*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis* | 3 days ago |
| | |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02942

1. PLACE OF DEATH

County Prince GeorgeVillage or City Chattaville

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

82a

Registration Dist. No.

245

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Carrie A. Paxton

(a) Residence: No.

426 4th madison ave

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female White

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
Widow

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of
Lewis A. Paxton

6. DATE OF BIRTH (month, day, and year)

Dec 5 1862

7. AGE

Years

71

Months

3

Days

10

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.none9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.1110. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

BordentownNew JerseyClement Poehill14. BIRTHPLACE (city or town)
(State or country)unknown

15. MAIDEN NAME

Sarah Neet16. BIRTHPLACE (city or town)
(State or country)unknown

17. INFORMANT

(Address)

Ethel P. Coopman25 Sea St N.Y. Harbor

18. BURIAL, CREMATION, OR REMOVAL

(Address)

N.J.BordentownDateMar 17, 1934

19. UNDERTAKER

(Address)

H. A. Paxton SonsChattaville Ind

20. FILED

(Address)

March 14, 1934Maryland State RegistrarAuthority Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar15, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Mar 41934to Mar 15, 1934I last saw h. v. alive on Mar 15, 1934

death is said

to have occurred on the date stated above, at 7:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

epilepsyDate of onset
3/15/34

Other Contributory Causes of importance:

anemia

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Date of

If so, specify

(Signatures)

H. A. Willis

M.D.

(Address)

Hyattsville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02943

1. PLACE OF DEATH

County *Brunswick, Md.*Village or City *Baltimore, Md.*

WITHIN CORPORATE LIMITS OF

Length of residence in city or town where death occurred *40* yrs.

92-a

Registration Dist. No.

239

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U.S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

(a) Residence: No. *John H. Blair*

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male *White*

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
*Divorced*5c. If married, widowed, or divorced,
HUSBAND of
(or) WIFE of*Mariowel. Blair*

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years *76*Months *6*Days *3*If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. *Clark in Garage*9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) *2/1/34*11. Total time (years)
spent in this
occupation *10*12. BIRTHPLACE (city or town)
(State or country)13. NAME *John H. Blair*14. BIRTHPLACE (city or town)
(State or country) *Ireland*15. MAIDEN NAME *Mary - ? -*16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT *D. H. Blair*
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Burtonsville, Md.* Date *Mar. 11, 1934*19. UNDERTAKER *Wellitt & Walden*
(Address) *Baltimore, Md.*20. FILED *Mar. 11, 1934* M. Brashears
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar. 9.

(Month)

(Day)

, 19*34*
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 4, 1934, to *Mar. 9, 1934*; I last saw him alive on *Mar. 8, 1934*; death is said
to have occurred on the date stated above, at *5 a.m.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Chronic Appendicitis*Date of onset
(71)

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *John H. Blair* M. D.
(Address) *Baltimore, Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1928 |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02944

1. PLACE OF DEATH

County Prince George
Village or City Mt. Rainier, Maryland

(50)

Registration Dist. No.

246

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Yoakum Pierce

(a) Residence: No. 3039 1/2 ST. N.W. St. Ward. WASHINGTON D.C.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <input checked="" type="checkbox"/> Female | 4. COLOR OR RACE <input checked="" type="checkbox"/> White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <input checked="" type="checkbox"/> Widowed |
|--|---|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Franklin Pierce

6. DATE OF BIRTH (month, day, and year)

1897 Mar. 12, 1894

| | | | | |
|---------------------|-----------------|-----------------|---------------|--|
| 7. AGE <u>37</u> | Years <u>40</u> | Months <u>0</u> | Days <u>9</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|---------------------|-----------------|-----------------|---------------|--|

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

RETIRED

9. Industry or business in which work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

PITTSBURG
PA.

MOTHER

FATHER

13. NAME

HENRY YOAKUM14. BIRTHPLACE (city or town)
(State or country)GERMANY

15. MAIDEN NAME

ELIZABETH BURKHART16. BIRTHPLACE (city or town)
(State or country)GERMANY

17. INFORMANT MRS. JOHN FISHER
(Address) 705 5th Ave. NEW HENNEDYNSTON

18. BURIAL, CREMATION, OR REMOVAL
Place Ceda Glen My Date March 22, 1934 PENNA.

19. UNDERTAKER Martin W. Young Co.
(Address) 1300 1/2 ST. N.W.

20. FILED Mar. 21, 1934 Hiltong, Harry, M.A. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 21, 1934 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

March 17, 1934 to March 21, 1934I last saw her alive on March 21, 1934; death is said to have occurred on the date stated above, at 6:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

Other Contributory Causes of Importance:

Myocarditis
Tuberculosis
Cancer (breast already removed for this)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed)

Oscar Larine
(Address) Mt. Rainier, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|---------------|
| Arteriosclerosis | Date of onset |
| Chronic interstitial nephritis | 1915 |
| Cerebral hemorrhage | 1921 |

RECEIVED
APR 6 1924
BUREAU U. S.

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*For authentication of date of birth see form filed
under Pierce - # 30-34*

02945

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICAL ANATOMY should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County PiscatawayVillage or City Oxon Hill (No.)2 FULL NAME Elizabeth J Proctor

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

 Female

4 COLOR OR RACE

 Colored5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED(Write the word)
Married

6 DATE OF BIRTH

Mar. 16, 1883
(Month) (Day) (Year)

7 AGE

51 yrs. # 0 mos. — 0 da. or min?IF LESS than
1 day hrs.

8 OCCUPATION

(a) Trade, profession or
particular kind of work(b) General nature of industry
business, or establishment in
which employed or (employer)House work

9 BIRTHPLACE

(State or country)

Md

10 NAME OF

FATHER

Lloyd Newman

11 BIRTHPLACE

OF FATHER

(State or country)

Md

12 MAIDEN NAME

OF MOTHER

Susan Newman

13 BIRTHPLACE

OF MOTHER

(State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry E Proctor(Address) Oxon Hill Md15 Filed Mar 15 1934 Death Bureau

Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 238St: _____ Ward) (If death occurred in
a hospital or institu-
tion, give its NAME in-
stead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Mar 15, 1934

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
Mar. 3 1934 to March 15, 1934,
that I last saw her alive on Mar 15, 1934,
and that death occurred on the date stated above, at 11 5 P.M.
The CAUSE OF DEATH * was as follows:Bronchial Pneumonia

(Duration) yrs. mos. da.

Contributory
Secondaryasthma

(Duration) yrs. mos. da.

(Signed) Jos. M. Parker M. D.192 (Address) 2119 First St. N.W.*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
ients or Recent Residents)

At place of death yrs. mos. da. In the State yrs. mos. da.

Where was disease contracted,
if not at place of death?Former or
usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Oxon Hill, Prince George's Co., Md 3/19, 1934

20 UNDERTAKER

Adams & Smoot ADDRESS 2425 Nichols Ave

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs).* For persons who have no occupation whatever, write *None.*

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)*

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02946

1. PLACE OF DEATH

County... Prince Georges.
 Village or City... Temple Hills.

B2-a

Registration Dist. No. 235

St. _____ Ward _____

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William D. Pyles

(a) Residence: No. Temple Hills
(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male. White Widowed

4. COLOR OR RACE

S. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Anne Mary Meining

6. DATE OF BIRTH (month, day, and year)

3-11-1858.

7. AGE Years 79 Months - Days - 4

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Maryland John V. Pyles

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

Md.

15. MAIDEN NAME

Ellen Sweeney

16. BIRTHPLACE (city or town)
(State or country)

Md.

17. INFORMANT

Mrs Florence C. Rice

(Address) Temple Hills, Md.

18. BURIAL, Cremation, or Removal

Place Fort Lincoln Date 3-17 1934

19. UNDERTAKER

Thomas J. Murray & Son

(Address) Washington, D.C.

20. FILED

3-15 1934 D. O. Minar

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 15th, 1934

(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

3/1/34 to 3/15/34
I last saw him alive on 3/14/34 death is said to have occurred on the date stated above, at 11:40 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Cystitis

Cerebral hemorrhage, ten years ago, which left him paralyzed. Date Dec. 12, 1934

Other Contributory Causes of importance:

Cerebral Arteritis

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D. _____

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

| RECEIVED | APR 5 1928 |
|----------|------------|
| | |
| | |
| | |

| Other contributory causes of importance: | Date of onset |
|--|---------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| RECEIVED | APR 5 1928 |
|----------|------------|
| | |
| | |
| | |

| Other contributory causes of importance: | Date of onset |
|--|---------------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02947

1. PLACE OF DEATH

County

Prince George

(48)

Registration Dist. No.

242

Village or City

Harmonie Mills, Md.

St.,

Ward

Length of residence in city or town where death occurred.

yrs.

mos.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. if of foreign birth? yrs.

mos.

ds.

2. FULL NAME

(a) Residence: Note other place of abode

(Usual place of abode)

Ward

If nonresident give city or town and State

June M. Reynolds

Blair Ave Harmonie Mills, Md.

(Usual place of abode)

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED. (Write the word)

Married

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02948

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Pas. Gen Co
Village or City Ritchie

Length of residence in city or town where death occurred 38 yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

St.,

Ward

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. Ebbie Irene Ritchie
(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <input checked="" type="checkbox"/> Female | 4. COLOR OR RACE <input checked="" type="checkbox"/> White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> married |
|---|--|--|

Se. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec 10 1881

| | | | |
|------------------------|-----------------|----------------|--|
| 7. AGE Years <u>58</u> | Months <u>5</u> | Days <u>11</u> | If LESS than 1 day, hrs. or min. |
|------------------------|-----------------|----------------|--|

| | |
|---|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <input checked="" type="checkbox"/> Housewife | |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <input checked="" type="checkbox"/> own home | |
| 10. Date deceased last worked at this occupation (month and year) <u>March 1934</u> | 11. Total time (years) spent in this occupation <u>38</u> |

12. BIRTHPLACE (city or town)
(State or country) Washington D.C.13. NAME Herbert Martin14. BIRTHPLACE (city or town)
(State or country) Wash D.C.15. MAIDEN NAME Frances Brashears16. BIRTHPLACE (city or town)
(State or country) Wash D.C.17. INFORMANT Ebbie Ritchie
(Address) 10th & Benning Sts. D.C.18. BURIAL, CREMATION, OR REMOVAL
Place Fairmont Date 3/23 - 3419. UNDERTAKER Ritchie Bros.
(Address) Ritchie m.d.20. FILED 3/22 - 1934 Thos. D. Pitt

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 21, 1934, (Month) (Day), 1934 (Year)22. I HEREBY CERTIFY, That I attended deceased from March 9, 1934, to March 21, 1934I last saw her alive on March 21, 1934; death is said to have occurred on the date stated above, at 7:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

InfluenzaUnresolved tuberpneumoniaCirculatory astheniaDate of onset March 9th 1934Name of operation None Date ofWhat test confirmed diagnosis? Clinical sympt Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) W. S. Pitt M. D.(Address) 10th & Benning Sts. D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02949

1. PLACE OF DEATH

County

Prince George

46

Registration Dist. No.

2445

St., Ward

Village or City

Brynwyn

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

2. FULL NAME

John C. Rawe

(a) Residence: No.

Brynwyn Md

St.,

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male White

Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Fannie Rawe

6. DATE OF BIRTH (month, day, and year)

Sept 21, 1857

7. AGE

Years

83

81

Months

5

Days

19

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.

Retired

Date of onset

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Va

MOTHER | FATHER

13. NAME

Matthew

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Matthew

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT

(Address)

John C. Rawe

Brynwyn Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Coffert Co

Data 3-3, 1934

19. UNDERTAKER

(Address)

George A. H. C. Ge

Well Ave. 2900 in New

20. FILED

Date

March 1, 1934

Mrs. Jas. Severe

Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar

1

1934

f

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 6, 1932 to Mar 1, 1934

I last saw h. alive on Mar 1, 1934; death is said

to have occurred on the date stated above, at 7 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of stomach
c. metastasis.

Acute cardiac decomp.

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Walter J. Fine

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED | Date of onset |
|--------------------------------|----------|---------------|
| | | 1915 |
| Chronic interstitial nephritis | | 1921 |

| Cerebral hemorrhage | APR 8 1924 | Date of onset |
|---------------------|------------|---------------|
| | | July 5, 1927 |

| Other contributory causes of importance: | RECEIVED | Date of onset |
|--|----------|---------------|
| Gallstones | | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | |
|--|--|
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| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02950

1. PLACE OF DEATH

County Prince George
Village or City Seeland

107-a

Registration Dist. No. 232

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Frank Smith

(a) Residence: No.

Seeland md St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|----------|----------------------|---|
| 3. SEX m | 4. COLOR OR RACE col | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|----------|----------------------|---|

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec 4 1932

| | | | |
|----------------|----------|--------|----------------------------------|
| 7. AGE Years / | Months 3 | Days 5 | If LESS than 1 day, hrs. or min. |
|----------------|----------|--------|----------------------------------|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Seeland P. G. Co
md

13. NAME Frank Smith

14. BIRTHPLACE (city or town)
(State or country)Seeland
md

15. MATURE NAME Estelle Spragg

16. BIRTHPLACE (city or town)
(State or country)Seeland
md17. INFORMANT Frank Smith
(Address) Upper Marlboro Md18. BURIAL, CREMATION, OR REMOVAL
Place Upper Marlboro Date March 9, 193419. UNDERTAKER Frank Smith
(Address) Upper Marlboro Md20. FILED March 9, 1934
M. D. *Frank Smith*
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

March 9, 1934
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from March 8, 1934, to March 9, 1934. I last saw him alive on March 7, 1934; death is said to have occurred on the date stated above, at 5 A.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho Pneumonia : March
secondary to acute bronchitis, 1934
of one week's duration. Onset Dec 18th, 1934.

Other Contributory Causes of importance:

No other contributing factors

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) *Reverend J. Sawyer* M. D.

(Address) Upper Marlboro Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
JULY 5 1934
The principal cause of death and related causes of importance were as follows:

| | |
|--------------------------------|---------------|
| Arteriosclerosis | Date of onset |
| Chronic interstitial nephritis | 1915 |
| Cerebral hemorrhage | 1921 |

Other contributory causes of importance:

| | |
|------------|---------------|
| Gallstones | Date of onset |
| | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| |
|------------------------|
| Date of onset |
| Attack of epilepsy |
| Run over by street car |
| Peritonitis |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02951

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George (8)
Village or City Fairfax West

Registration Dist. N^o.

239

St., Ward

No. Montgomery Rd.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. or foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Boy Smith Twin #1
(a) Residence: No. Montgomery Rd. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Single6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

3/3/34

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.4 yrs. 0 mos. 0 days

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

MOTHER FATHER

13. NAME

Harry Smith
Washington, DC14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

Elizabeth Riley16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

(Address)

Elizabeth Riley Smith
Fairfax West

18. BURIAL, CREMATION, OR REMOVAL

Place Home Place Home Date May 4, 1934

19. UNDERTAKER

(Address)

A. J. Hodderman

20. FILED

(Address)

May 4, 1934 M. Brashears

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

33, 1934
(Month) (Dey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

3/3/34, 1934, to 3/3/34, 1934I last saw him alive dead 3/3/34, 1934; death is said
to have occurred on the date stated above, at 4:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pneumoniamaternal weakness

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19.....

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

B. Warren
Fairfax West

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | RECEIVED | Date of onset |
|--------------------------------|----------|---------------|
| | | 1915 |
| Chronic interstitial nephritis | | 1921 |

| Cerebral hemorrhage | RECEIVED | Date of onset |
|---------------------|----------|---------------|
| | | July 5, 1927 |

Other contributory causes of importance:

| Gallstones | RECEIVED | Date of onset |
|------------|----------|---------------|
| | | May 1, 1923 |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|---------------|
| Attack of epilepsy | Date of onset |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|---------------|
| Gastroenteritis | Date of onset |
| | 1 year |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02952

1. PLACE OF DEATH

County Hanover
 Village or City Hanover

Length of residence in city or town where death occurred yrs. mos. ds.

Registration Dist. No. 239

No. Montgomery Rd., St. Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Baby Girl Smith born #2

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------|------------------|--|
| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
| <u>Fam.</u> | <u>white</u> | <u>single</u> |

5a. If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

3/3/34

| | | | | |
|--------|-------|--------|------|--|
| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
| | | | | <u>4 mo. fetus</u> |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)Hanover

MOTHER

FATHER

13. NAME Harry Smith
 14. BIRTHPLACE (city or town)
(State or country) Washington & C
 15. MAIDEN NAME Elizabeth Ruby
 16. BIRTHPLACE (city or town)
(State or country) MD

17. INFORMANT Elizabeth Ruby Smith
 (Address) Hanover

18. BURIAL, CREMATION, OR REMOVAL
 Place Home Date May 4, 1934

19. UNDERTAKER J. Wedderburn
 (Address) Causey

20. FILED May 4, 1934 M. D. Brashers
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

3 (Month) 3 (Day), 1934 (Year)

22. I HEREBY CERTIFY. That I attended deceased from

3/1/34 to 3/1/34,
 I last saw her alive on dead 3/3, 1934; death is said

to have occurred on the date stated above, at 4:30 A.M.
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

PrematurityMaternal weakness

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Data of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) B. Warren(Address) Hanover

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| Arteriosclerosis | Date of onset |
|--------------------------------|---------------|
| | 1915 |
| Chronic interstitial nephritis | 1921 |

| | |
|---------------------|--------------|
| Cerebral hemorrhage | July 5, 1927 |
|---------------------|--------------|

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| Attack of epilepsy | Date of onset |
|------------------------|---------------|
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

| | Date of onset |
|--|---------------|
|--|---------------|

| | Date of onset |
|--|---------------|
|--|---------------|

| | Date of onset |
|--|---------------|
|--|---------------|

Other contributory causes of importance:

| Gastroenteritis | Date of onset |
|-----------------|---------------|
|-----------------|---------------|

| |
|--------|
| 1 year |
|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

02953

1. PLACE OF DEATH

County

Dr George Taylor

Village or City

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No. 233

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

2. FULL NAME

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female col

single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Mar 10, 1934

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

none

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Md

13. NAME

Lawrence S Spencer

14. BIRTHPLACE (city or town)
(State or country)

Md

15. MAIDEN NAME

Marion R Windsor

16. BIRTHPLACE (city or town)
(State or country)

Md

17. INFORMANT

(Address)

Lawrence S Spencer

18. BURIAL, CREMATION, OR REMOVAL

Place

Brooks Chapel

Date Mar 10, 1934

19. UNDERTAKER

(Address)

Lawrence S Spencer

20. FILED

Date

Mar 10, 1934

Ernest H Garner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Mar 10

(Month)

(Day)

1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

I last saw h. alive on

2 A.M., 19

; death is said

to have occurred on the date stated above, at

2 A.M. unknown

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Still born
Premature birth

Date of event

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Ernest H Garner

(Signed)

M. D.

Local Registrar

(Address)

Ernest H Garner

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| RECEIVED | |
|--------------------------------|-----------------------|
| Arteriosclerosis | Date of onset 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|-----------------------------|
| Attack of epilepsy | Date of onset 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02954

MARGIN RESERVED FOR BINDING

N.B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.

1 PLACE OF DEATH

County Pr. GeorgeVillage or City Silesia (No.)

407-G

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 294

St. _____ Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Arthur Harrison Thomas

3 PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male Negro

4 COLOR OR RACE

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Singl

6 DATE OF BIRTH

Aug 20, 1932
(Month) (Day) (Year)

7 AGE

1 yrs. 6 mos. 21 ds. If LESS than

1 day hrs. or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work
 (b) General nature of industry business, or establishment in which employed or (employer)

Infant9 BIRTHPLACE
(State or country)Pr. Geo. Co.

10 NAME OF FATHER

Garland Thomas11 BIRTHPLACE OF FATHER
(State or country)Charles Co.

12 MAIDEN NAME OF MOTHER

Mary Mildred Johnson13 BIRTHPLACE OF MOTHER
(State or Country)Charles Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Mary M. Johnson (mother)
(Informant) E.W. Schwartz Jr. M.D.(Address) 2113 H St. N.W.15 Filed March 12 1934 Pena Hurt
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Aug 20 Mch. 11, 1934
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Feb 15 1932 to Mar. 11, 1934,that I last saw him alive on Mar. 9, 1934,and that death occurred on the date stated above, at 4 a.m.

The CAUSE OF DEATH * was as follows:

Nutrition Rickets
Bronchopneumonia

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory Secondary

(Signed) E.W. Schwartz Jr. (Duration) _____ yrs. _____ mos. _____ ds.M. D. Mar. 11, 1934. (Address) 2113 H St. N.W.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Chapel Hill, Md. DATE OF BURIAL March 13 1934

20 UNDERTAKER

E.W. Schwartz Jr. ADDRESS 2113 H St. N.W.

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Doyer laborei*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebro-spinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* avoid use of "Croup"; *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

APR 6 1934

RECEIVED

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis, etc.*, *Carcinoma, Sarcoma, etc.*, of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be caused unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02955

1. PLACE OF DEATH

County Prince George
Village or City Hayattsville

(50)

Registration Dist. No. 2145 St., Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Clara F. Trusler(a) Residence: No. W. Madison St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|--|
| 3. SEX <input checked="" type="checkbox"/> Female | 4. COLOR OR RACE <input checked="" type="checkbox"/> White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <input checked="" type="checkbox"/> married |
|---|--|--|

Sa. If married, widowed, or divorced

HUSBAND of (or) WIFE of Samuel G. Trusler6. DATE OF BIRTH (month, day, and year) Aug 9 18797. AGE 54 Years 7 Months 15 Days If LESS than
1 day, _____ hrs.
or _____ min.

| |
|---|
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <input checked="" type="checkbox"/> Housewife |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <input checked="" type="checkbox"/> |
| 10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> |
| 11. Total time (years) spent in this occupation <input checked="" type="checkbox"/> |

12. BIRTHPLACE (city or town)
(State or country) Iowa13. NAME C. M. Forrest14. BIRTHPLACE (city or town)
(State or country) Iowa15. MAIDEN NAME Jane Cousin16. BIRTHPLACE (city or town)
(State or country) Iowa17. INFORMANT Sam. G. Trusler
(Address) W. Madison St. Hayattsville18. BURIAL, CREMATION, OR REMOVAL
Place Wash. Memorial Park Date Mar. 26, 193419. UNDERTAKER W. W. L. Barnes Co.
(Address) 440 Bladensburg Rd.20. FILED March 24, 1934 Mrs. Jas. Devereux
Signature Devereux Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 24

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 19, 1934, to Mar. 23, 1934I last saw her alive on Mar. 14, 1934; death is said to have occurred on the date stated above, at 7 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset
Adenoma Carcinoma of Breast Dec 1930
Adeno Carcinoma Lungs Sept. 1933

Other Contributory Causes of importance:

probable metastatic Jan
Ca. Brain 1934
Name of operation Amputation of Breast Date of Feb. 13, 1931

What test confirmed diagnosis? Mammogram Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. W. Grinnan M. D.(Address) Takoma Park, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1934 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|------------------------|---------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

02956

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH
County On His

Village or City Bowie Md (No. _____) St. _____ Ward _____

STATE OF MARYLAND
CERTIFICATE OF DEATHRegistration Dist. No. 245

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Edward Vermillion

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|-------------------|------------------------------|--|----------------|
| 3 SEX <u>Male</u> | 4 COLOR OR RACE <u>white</u> | 5 SINGLE MARRIED, WIDOWED, OR DIVORCED (Write in word) | <u>widowed</u> |
|-------------------|------------------------------|--|----------------|

6 DATE OF BIRTH

Unknown, 1857
(Month) (Day) (Year)

7 AGE

77 yrs. / mos. / ds.
If LESS than
1 day, ____ hrs.
OR ____ min. ?

8 OCCUPATION

(a) Trade, profession, or particular kind of work None

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country) Md

10 NAME OF FATHER

George Vermillion

11 BIRTHPLACE OF FATHER

(State or country) Md

12 MAIDEN NAME OF MOTHER

Martina

13 BIRTHPLACE OF MOTHER

(State or country) Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wade Coulson(Address) Bowie Md15 Filed Mar. 19, 1934 at Lancaster, Pa

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 17, 1934
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1934, to Mar. 17, 1934 that I last saw him alive on Mar. 14, 1934 and that death occurred on the date stated above, at 3 p.m.

The CAUSE OF DEATH * was as follows:

Arterio Sclerosis(Duration) 1 yrs. 1 mos. 0 daysContributory
SecondarySenility(Duration) 0 yrs. 0 mos. 0 days(Signed) James H. Smith (Address) Elmwood Dale Md.

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place None In the State, None yrs. 0 mos. 0 daysof death None yrs. 0 mos. 0 days Where was disease contracted, None

If not at place of death?

Former or
usual residence None19 PLACE OF BURIAL OR REMOVAL Perkins Chapel DATE OF BURIAL Mar. 19, 193420 UNDERTAKER M. Flacklin & Sons ADDRESS Bowie Md

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia," "unqualified, is indefinite); *Tuberculosis of lungs*, *menin-*

Notes, *peritoneum*, etc. *Carcinoma*, *Sarcoma*, etc. of (name origin; "Chancery" is less definite; avoid use of "Tumor" for malignant neoplasms); *Mastitis*, *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intervening) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds., *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Con genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *lethas*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02957

1. PLACE OF DEATH

County

Prince George

82-a

Registration Dist. No. 242

Village or City

Fairmount Hts

No. 260 Address, City, Ward

Length of residence in city or town where death occurred

20

yrs.

mos.

mos.

ds.

ds.

How long in U. S. if foreign birth? yrs.

mos.

mos.

ds.

2. FULL NAME

(a) Residence: No.

260 Adele Avenue

St., (Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Female Negro widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Oct 17, 1843

7. AGE

Years
90Months
5Days
13If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Trenton (?)
New JerseyDate of onset
3-30-34

13. NAME ?

14. BIRTHPLACE (city or town)
(State or country)

? unknown

Date of

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town)
(State or country)

? unknown

What test confirmed diagnosis?

Was there an autopsy?

17. INFORMANT
(Address)

Mrs Clara Davis D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date 3/30/34

19. UNDERTAKER

(Address)

Robert J. Mc Guire

1870 - 9 St. NW

20. FILED

March 30, 1934 Grace alone

Registrar

Name of operation

History & Neurological

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

Theodore Pinckney

M. D.

(Address)

812-44 N.E., D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis | 1915 |
| Chronic interstitial nephritis | 1921 |
| Cerebral hemorrhage | July 5, 1927 |
| | |
| | |

Other contributory causes of importance:

| | |
|------------|-------------|
| Gallstones | May 1, 1923 |
| | |
| | |

Example II

The principal cause of death and related causes of importance were as follows:

| | |
|------------------------|------------|
| Attack of epilepsy | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis | 3 days ago |
| | |
| | |

Other contributory causes of importance:

| | |
|-----------------|--------|
| Gastroenteritis | 1 year |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN